MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				* IND.	DEP.	* IND.	DEP.	° IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1							51		1				
2		1						52		1				
3								53		1				
4		1						54		1				
5								55						
6		1						56						
7		1						57		1				
8								58		1				
9								59		1				
10		1						60		2				
11		1						61						
12								62						
13		1						63						
14								64						
15		1						65						
16								66						
17		1						67						
18	1							68						
19		1						69						
20								70						
21		1						71						
22								72						
23								73						
24		1						74						
25								75						
26		1						76						
27								77						
28		1						78						
29	1							79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34								84						
35	1							85						
36		1						86						
37		1						87						
38								88						
39		1						89						
40		1						90						
41								91						
42		1						92						
43								93						
44								94						
45		1						95						
46								96						
47								97						
48								98						
49								99						
50		1						100						
TOTAL IND.								TOTAL IND.	5					
TOTAL DEP.								TOTAL DEP.		56				
TOTAL CLAIMS								TOTAL CLAIMS	61					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360 (3-78)

U.S. DEPARTMENT of COMMERCE
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